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ABSTRACT

A rich fantasy life may prevent the acting out of violent wishes in children. Investigations of the relationship between television and violence have been inconclusive, but children lacking in creative imagination typically come from groups having higher violent crime rates. Characteristics of the potentially violent child include a history of child abuse, alcoholic parents, and dehumanized relationships. The society frequently discourages imagination, particularly in the older child. The use of suggestive and auto-suggestive hypnotic like techniques increases the options available in dealing with stress and frustration and increases self esteem, thus serving to prevent violence. (DB)

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A PICTURE OF VIOLENCE IN CHILDREN AND THE FUNCTION OF FANTASY

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Numerous papers on the causes and treatment of violence in children contain a general lack of agreement and ambiguity among authorities. There is no hard core data proving that one treatment modality is superior to another.[3] We do not have any experimental or empirical data to add, but present our own clinical experiences and impressions about the functionary use of fantasy, as well as how it can be used therapeutically as an option to violence.

Although more data is constantly being presented, it is our impression that the professional's role in understanding, presenting, and treating aggressive, violent behavior in children is still ambiguous. The role of fantasy or imagination and its relationship to violent behavior is equally conflictual in literature.

In 1950, when Dr. Jampolsky was a resident in Neuropsychiatry, at what was then Stanford Lane Hospital, San Francisco, he had an early learning experience with a violently disturbed seventeen-year-old, two hundred-fifty pound, six foot, four inch adolescent. He was called at 2:00 a.m. by the head nurse and was told that this patient had gone berserk. The boy had entered the hospital that afternoon, was diagnosed as Schizophrenic, and had been placed in a padded locked room.

I immediately went to the ward and looked into the small window in the patient's room. He was

nude, had pulled the molding off the door and was running around the room screaming, with the board full of nails. The head female nurse and the four foot, eleven inch male nurse looked at me expectantly. Unsure of what to do, and feeling somewhat immobilized by ignorance, anxiety and fear, I decided to reconstruct some history of what had previously happened.

In those days, all psychiatric patients had their temperatures taken by rectal thermometers. There was some evidence to suggest that this patient went into a homosexual panic after having his temperature taken by the male nurse. Not knowing what to do, I decided to pay attention to my own feelings, and immediately recognized that I was scared to death. I began to wonder why I wanted to be a psychiatrist, and wished that I was a ship's surgeon again, fantasizing myself on a beach in Hawaii, away from phones and responsibilities.

I then looked at the patient and recognized that he, too, was frightened. Intuitively, I began to talk to him. I told him that I was scared -- scared that I would get hurt, or that he would get hurt, but that I wanted to come in and help him. I wondered out loud

if he was scared, too. He shouted back his first comprehensible words, saying, "You're God damned right I'm scared."

We then had something in common that we could talk about, and I seemed to be less of a threat to him. As he became a little calmer, I then had him try to picture in his mind what the options were: I could calmly walk in and give him a shot that would make him feel more relaxed; we could use force with the possibility of someone getting hurt, etc. He was able to picture these options, agreed to let me come in, and was then cooperative with his treatment.

In retrospect, I found that this was a guided fantasy trip for both of us. I had allowed for a therapeutic intervention that was non-violent.

The question of the relationship between the violence seen on television and the violence in our children remains a popular one. Senator John O. Pastore stimulated the creation of a twelve-man committee of behavioral scientists, and a million dollars was appropriated for a two-year study to find an answer to this question. The findings were summarized in a Report to the Surgeon General.[10]

The Report produced some of the following facts:

The average T.V. set is on six hours a day.

The average child watches T.V. about two hours a day, but pre-school children spend about half the adult work week in front of T.V.

The pre-school child spends about half his viewing time watching cartoons and half the time watching action-adventure programs, such as Mannix, Mod Squad, and the F.B.I.

One study concluded that in 1971, Saturday morning programming showed a 71% incidence of human violence.

The question of "How much contribution to the violence of our society is made by extensive violent television viewing by our youth?" was answered as follows: "The evidence suggests that the effect is small compared with many other possible causes, such as parental attitudes or knowledge of and experience with the real violence of our society."

Leonard Berkowitz[2] pointed out some of the dichotomies that existed then among experts, and still exist today. Some eminent authorities contend that filmed violence, far from leading to real violence, can actually have beneficial results in that the viewer may purge himself of hostile impulses by watching other people behave aggressively. Conversely, other authorities of equal stature maintain that filmed violence is a preparatory school for delinquency. Most authorities would agree that the evidence doesn't warrant a judgement linking the increased violence in the

United States to the portrayal of violence on television. There is some evidence in the Surgeon General's Report that the small number of children who may be adversely affected by watching violence on T.V. would be most likely the children who do not watch television frequently, who lack a well developed imaginative life as a personality resource, and who have a previous pattern of impulsivity and aggressiveness.

Violent crime rates are higher among population groups with the steepest rates of unemployment, especially involving minorities and youth. This group of children frequently are lacking in a creative imagination. The violence, distrust and hopelessness that we see in disadvantaged children may be related to an absence of creative fantasy.[5] To this child, there is danger in using creative imagination -- to be open, to explore, and to search -- which exposes him to further new hurts and defeats. Perhaps this is why we see defensive patterns of aggressive violence over and over again.

In our opinion, some of these children become anxious and tense about any pleasure they may receive because they have been so deprived of any pleasure in their lives. At times, they are emotional cannibals. They tend to charm you and to suck on your emotional nutriment, and then they become anxious and bite you. The result may be a vicious circle of rejection that can develop into a violent battle.

Dr. Blair Justice listed the following symptoms that may be predictive of violence in children: fighting,

school problems, truency, temper tantrums, inability to get along with others, bed-wetting, firesetting, and cruelty to animals.[4] When these symptoms appear together excessively, they seem to be suggestive of violent behavior in later life.

In his study of ten adolescents in whom he feels "the presence of murderousness was demonstrable," Dr. Derek Miller observed seven symptoms predictive of murder, that are distinct from a general propensity to violence: history of being beaten as a child, head injury, stubborness, temper tantrums, emotional deprivation, alchoholic parents, and a preference for knives over guns.[6] Common elements in the ten patients revealed relationships that permitted dehumanization of the child. Their victims were not recognized as a person with feelings. The presence of murderous fantasies was also a common characteristic. Clinically, Dr. Miller's patients alternated between apparent friendliness, and detachment that was associated with a perception of frustrated wants, and a dehumanization of the frustrator. We would speculate that the patients in Dr. Miller's study had limited persevient fantasies, and that they had not learned to use fantasy in a creative manner.

Other causes of violent behavior in children arise in the family. Most professionals have seen whole family patterns of violence and aggression. In this situation the child may identify himself with the violent aggression, and yet feel that he must defend himself against it. This may

result in violent behavior on the part of the child.

It is probable that we all have the potential for violence given the right series of circumstances. There is no such thing as a killer instinct. Whether people are violent or not depends on their social conventions. In Chicago, blacks are six times more likely to be killed by police officers than are whites. Perhaps violence thrives in the American society because it is supported by the social structure.[8]

What is happening in Belfast, Ireland, is an example of violence supported by the social structure. For example, four to seven-year-olds are showing up with anxiety reactions which had previously been virtually unknown in Ireland. Catholic and Protestant children attend religiously segregated schools, which seem to whip up more intense paranoia and fear in an already tense Irish city. Other youngsters are reportedly becoming more aggressive and violent, and less disciplined in school. The seeds of dehumanization with limited and circumscribed fantasies are, perhaps, already at work, and may be supported by both the social and family structures.

In the United States, violence takes on a different feeling when we think that we are the good guys, and those other guys are the bad guys. When some of us behave in a violent manner, we don't even think of the word "violence" as a description of our behavior, but we describe our actions righteously, as reasonable, logical, rational, and justifiable

under the circumstances. These dynamics were demonstrated in the February, 1974 gasoline crisis.

The violence at Kent State University, the violent deaths of civilians in Viet Nam, and the senseless deaths on the streets of our cities have a multiplicity of complex social, psychological, and cultural factors as causative agents that are still not clearly understood. What distresses us most is that dehumanization seems to be a frequent common denominator.

In wars, the war culture encourages soldiers to dehumanize their victims and to treat them as objects. The soldier is encouraged to decrease his creative imagination. Could it be that these same factors are at work in our American cities today? If so, what effect does this have on our children when they witness and experience dehumanization in the adults and children around them?

Our premise is that dehumanization is more apt to take place when there is an impoverished and restricted fantasy life. What our children may need, therefore, is assistance in stimulating and enriching an unrestricted fantasy life, and a more creative imagination, so that there may be a more fluid and active balance between their cognitive thinking and their imagination. In order to get a proper perspective, it becomes essential to recognize that fantasy, as it relates to violence, is just one of many complex factors, and it is not an isolated agent.

The child has an inborn capacity and drive for an internal

fantasy life, which is essential for normal maturation and interpersonal identification. Fantasy tends to assist the child in the construction of his personality in society, as well as compensates for problems he may have in his environment. Creative fantasy can help the child to reconstruct, alter, and master the physical world and society. "Creative imagination is a normal biological energy process that is necessary for the healthy development and maturation of the child," states Dr. Lauretta Bender.[1] This statement is similar to our principle premise.

We also agree with Dr. Bender when she writes that the child has an inborn drive for normality, which is determined by biological maturation and includes direction towards a goal. This drive is so great that it is hard to block, or to divert by any pathology within the child, or in the child's outer world.

In our experience at the CHILD Center, Kentfield, California, we have found that positive, creative imagination results from use of suggestive and auto-suggestive hypnotic-like techniques. These methods are quickly and enthusiastically gobbled up by children. In our observations, those persons who seem to possess a rich fantasy life have many more options open to them in dealing with stress and frustration.

One example of this statement is that some prisoners of war provided an intriguing use of fantasy in surviving their ordeal, while some of their colleagues died, or were killed,

perhaps because they had impoverished fantasy lives and tended to be too concrete, logical, and realistic.[9] Some of the prisoners who survived had an imagination that was so active and real that they imagined themselves really taking bus trips throughout the United States. This process allowed them to feel less pain from the horrendous living conditions. These prisoners were reported to have had an active fantasy life as children.

It has also been our experience that a person who has developed a high state of fantasy, or imagination, has more resources for problem solving in frustrating situations. He has the capacity to imagine events to their conclusions in a variety of ways, thus providing himself with a broader spectrum of possible solutions. The fantasy also serves the purpose of releasing emotional energy and brings the personality into a state of free equilibrium. A person who has limited use of his creative imagination frequently feels that he is down a blind alley, and may find the only option open to him is violence.

At the CHILD Center, we feel more comfortable about the relationship a mother has with her child when she comes in and says, "I got so mad at Henry yesterday, that I really felt like taking him bodily and throwing him against the wall." We feel more concerned about the mother, and her potential for violence, who states that she loves her child all the time, and that she would never allow herself to have

the fantasy of physically hurting her child. The essential point here is from a functional standpoint -- fantasies need a full, wide, free rein, with no labels.

Generalizations cannot be made, even after evaluating adults and children who have committed murder, and adolescents who have dynamited banks. The set of circumstances, both sociological and psychological, frequently seem unique for that individual. Clinical impressions show that many seemed to have a limited use of their imagination and a scarcity of the dreaming process. Some evidence shows that fantasy in the form of dreams is a drive state necessary for proper personality function. Deprivation of dreaming can establish tension states.

Our society frequently discourages active imagination and fantasy, particularly as the child grows older. Some children who have an active fantasy life stand the risk of being rejected or called "a nut" when others find out about their fantasies and label them. Our culture and educational system emphasize logical thinking and rote memory, and do not encourage imagination and intuition to the degree that it might.

In our work at the CHILD Center we are attempting to assist children by encouraging them to be less pragmatic, and to make more use of their imagination and intuition as the initial step in problem solving. This work correlates, in theory, with some of the recent studies done by Ornstein and Gallin of

the Langley Porter Neuropsychiatric Institute, San Francisco.[7] These researchers stress the different functions of the two sides of the brain and emphasize the need for an active balance. Creative imagination that plays a role in the intuitive process seems to be a right-sided brain function. It is conceivable that an increase in fantasy life and imagination might create a better and more fluid brain balance, with a more intact ego. Any techniques that increase a child's self-esteem, by use of positive imagination, can be a preventative to violent behavior.

Conclusion

It should be remembered that there appears to be no single cause for violence in children. The meshing of a variety of social, cultural, and psychological issues may be unique for a given child to demonstrate violent behavior. The effect of television in stimulating fantasies in children which then stimulate them into violent behavior is small. Cultural and sociological factors are of primary importance, but the causes of violence in children are complex.

Fantasy may be the most important ingredient in helping people problem-solve. Those children who have developed a high state of fantasy which allows them to imagine an event to its conclusion, seem to have more options for problem-solving and are less prone to violence. By the use of fantasy and creative imagination, the child who is in danger of being trapped by the dehumanization process can be

assisted in finding alternatives to violent behavior.

Suggestive and auto-suggestive techniques that make use of specific goal-oriented multiple sensory images, can increase the child's self-esteem and act as a preventative to violent behavior.

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